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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 405.00

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 09/687575-Conf. #9336 |
| Filing Date | October 13, 2000 |
| First Named Inventor | Rima KADDURAH-DAOUK |
| Examiner Name | R. K. Covington |
| Art Unit | 1625 |
| Attorney Docket No. | AVZ-007CP3 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 40 Extra Claims - 90 = x Fee (\$)

Indep. Claims 4 Extra Claims - 7 = x Fee (\$)

Multiple Dependent Claims
Fee (\$) 180.00 Fee Paid (\$) 180.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4 - 100 = /50 (round up to a whole number) x Fee Paid (\$)


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

| | | | | | |
|-------------------|-------------------|------------------|--------|-----------|------------------|
| SUBMITTED BY | | Registration No. | 53,623 | Telephone | (617) 227-7400 |
| Signature | | (Attorney/Agent) | | Date | January 23, 2006 |
| Name (Print/Type) | Cynthia M. Soroos | | | | |



| | | | | | |
|---|----------------------------------|---------------------------------|-----------------------------|--------------------------------|---------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. AVZ-007CP3 | |
| Application No. 09/687575-Conf. #9336 | | Filing Date October 13, 2000 | | Examiner R. K. Covington | |
| | | | | Art Unit 1625 | |
| Applicant(s): Rima KADDURAH-DAOUK <i>et al.</i> | | | | | |
| Invention: COMPOSITIONS CONTAINING A COMBINATION OF A CREATINE COMPOUND AND A SECOND AGENT | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 40 | - 90 = | | x | |
| Independent Claims | 4 | - 7 = | | x | |
| Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/> | | | | | 180.00 |
| Other fee (please specify): Extension for response within second month | | | | | 225.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 405.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>405.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Cynthia M. Sofos Attorney/Agent Reg. No.: 53,623 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400 | | | | Dated: <u>January 23, 2006</u> | |
| Express Mail Label No. EV 608 865 755 US Dated: January 23, 2006 | | | | | |